

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/067599

FILING DATE

4/28/98

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		2					54						
5		2					55						
6		2					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11	1						61						
12	1						62						
13		1					63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21			1				71						
22				1			72						
23				2			73						
24				2			74						
25				2			75						
26				1			76						
27				1			77						
28				1			78						
29				1			79						
30				1			80						
31				1			81						
32				1			82						
33							83						
34			1				84						
35				1			85						
36			1				86						
37				1			87						
38				1			88						
39			1				89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		5				TOTAL IND.						
TOTAL DEP.	14		17				TOTAL DEP.						
TOTAL CLAIMS	17		22				TOTAL CLAIMS						